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Utah Insurance Department
Insurance Commissioner

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Governor

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**PROFESSIONAL EMPLOYER ORGANIZATION –
NOT CERTIFIED THROUGH AN ASSURANCE ORGANIZATION
LICENSE APPLICATION**
___ Initial Application ___ Renewal Application

Legal name of applicant: _____ FEIN#: _____

List any other names under which the PEO will engage in a professional employer service.

Principal business location (street, city, state, ZIP code):

Mailing address, if different from principal business location

Business location of each Utah office (street, city, state, ZIP code):

Contact person (name, title, telephone number, fax number, email address):

Applicant's Website Address:

Has there been any adverse regulatory action taken by any state or federal regulatory law enforcement or regulatory agency against the PEO, an owner, a director, an officer, or senior executive officer? Yes___ No___
If yes, attach an explanation and any documentation pertaining to the action.

Is the Professional Employer Organization a member of a professional employer organization group that files on a combined or consolidated basis? Yes___ No___
If yes:

1. Does each member of the professional employer organization group guarantee the obligations of each other member of the professional employer organization group under this chapter? Yes___ No___ If "no" the Professional Employer Organization does not qualify as a group and must apply as an individual Professional Employer Organization.
2. Does the controlling entity of the professional employer organization group guarantee the obligations of the professional employer organization under this chapter? Yes___ No___ If "no" the Professional Employer Organization does not qualify as a group and must apply as an individual Professional Employer Organization.

The following information must accompany this application:

1. Payment of a non-refundable \$2,050 fee (\$2,000 license fee plus \$50 E-commerce fee).
2. A copy of the applicant's articles of incorporation or other business organization documents.
3. A list by jurisdiction of each name under which the applicant has operated in the preceding five years, including alternate names, names of predecessors and, if known, successor business name.
4. Documentation that demonstrates the PEO or collectively the professional employer organization group:
 - a. has at least \$100,000 in working capital as determined by generally accepted accounting principles; or
 - b. provide one of the following in an amount equal to or greater than the balance of \$100,000 less the actual working capital:
 - i. a bond;

- ii. an irrevocable letter of credit;
 - iii. one or more credits or securities as determined by the market value of the credits or securities, or;
 - iv. a combination of i through iii above.
5. A copy of the applicant's most recent financial statement that:
- a. is prepared on a GAAP basis;
 - b. is audited by an independent CPA,
 - c. complies with Section 31A-40-205; and
 - d. complies with Section 31A-40-305.
6. A statement of ownership that
- a. includes the name of a person that, individually or acting in concert with one or more persons, owns or controls, directly or indirectly, 10% or more equity interest in the PEO; and
 - b. includes a completed UCAA Biographical Affidavit, found on the Department's Web site, for each named persons.
7. A list of all individuals who serve as a director, president, chief executive officer, or senior executive officer of the PEO with a completed, UCAA Biographical Affidavit for each individual on the list.
8. Documentation explaining how the applicant meets, or will meet, the workers' compensation requirements of 31A-40-209. The documentation must include:
- a. the name of the insurer providing workers' compensation insurance for each client; or
 - b. if a client is self-insured, a copy of the approval form from the Division of Industrial Accidents, Utah Labor Commission.
9. Documentation explaining how the applicant meets, or will meet, the unemployment compensation insurance requirements of 31A-40-210.
10. Documentation on health benefit plans, if offered by the PEO:
- a. for a fully insured health benefit plan:
 - i. the name of the insurance company issuing the health benefit plan; and
 - ii. the term and effective date of coverage.
 - b. for a not fully insured health benefit plan proof that:
 - i. the PEO operated as a PEO for at least one year before offering the health benefit plan;
 - ii. the health benefit plan is administered by a third-party administrator licensed to do business in this state;
 - iii. all assets of the health benefit plan, including participant contributions, are held in a trust account;
 - iv. the health benefit plan has and maintains reserves that are sound for the health benefit plan as determined by an actuary who uses generally accepted actuarial standards of practice and is an independent qualified actuary;
 - v. the health benefit plan provides written notice to a covered employee participating in the health benefit plan that the health benefit plan is self-insured or is not fully insured; and
 - vi. the health plan consents to an audit, to be paid by the sponsoring professional employer organization, on a random basis, or on finding of reasonable need by the commissioner.

By submitting this application:

I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or other material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

I further certify that I grant permission to the Commissioner to verify information with any federal, state, or local government agency, current or former employer, or insurance company.